

EXHIBIT 10

1040

U.S. Individual Income Tax Return

19

OMB No. 1545-0047

Department of the Treasury - Office of Management and Budget

Filing Status

☐ Single ☒ Married (filing jointly) ☐ Married (filing separately) (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse on a separate return (see instructions). If you checked the HOH box, enter the name of the qualifying person who would be your qualifying dependent.

Your first name and middle initial

Sandra A

Last name

JONES

If joint return, spouse's first name and middle initial

Last name

JONES

Social Security number

[REDACTED]

Last name

JONES

City, town or post office, state and ZIP code. If you have a foreign address, also fill in the address below (see instructions).

[REDACTED]

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign
Check here if you or your spouse (if filing jointly) want to pay the 3% surtax on the tax on the tax.
(Check only if you or your spouse are eligible to pay the surtax.)

☐ Yes ☐ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse (see instructions)

☐ Spouse itemizes on a separate return (if you both are dual-status filers)

Age/Blindness

You: ☐ Were born before January 2, 1954

Are blind

Spouse: ☐ Was born before January 2, 1954

Are blind

Dependents (see instructions)

(1) First name and last name

(2) Social Security number

(3) Relationship to you

(4) ☐ Is a qualifying child (see instructions)(5) ☐ Is a dependent (see instructions)

(1) First name

Last name

[REDACTED]

[REDACTED]

☐☐☐

Standard Deduction for:

- Single or Married filing jointly: \$5,000
- Married filing separately: \$2,500
- Head of household: \$5,000
- Qualifying widow(er): \$5,000
- Dependent or Blind: \$2,500
- Blind and Dependent: \$5,000

1 Wages, salaries, tips, etc. (see instructions)

2a Tax-exempt interest

3a Qualified dividends

4a IRA distributions

5a Social Security benefits

6 Capital gain or loss (see instructions)

7a Other income from Schedule E (see instructions)

8a Adjustments to income from Schedule E (see instructions)

9 Standard deduction or itemized deductions (see instructions)

10 Qualified business income deduction (see instructions)

11a Total income (see instructions)

11b Taxable income (see instructions)

2b

3b

4b

5b

6

7b

8b

9

10

11a

11b

b (see instructions) (see instructions)

b (see instructions) (see instructions)

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b (see instructions) (see instructions)

1

2b

3b

4b

4d

5b

6

7a

7b

8a

8b

9

10

11a

11b

11c

11d

11e

11f

11g

11h

11i

11j

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11p

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11cm

11cn

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11ez

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11fb

11fc

11fd

11fe

11ff

11fg

11fh

11fi

11fj

11fk

11fl

11fm

11fn

11fo

11fp

Interest and Ordinary Dividends

0948 746-7545-0174

19

06

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

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Received 15 July 2004; accepted 15 July 2004

Your social security number

Part I

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

Interest

See instruction 8 and the instructions for Forms 1040 and 1040-SR, line 28.

Note: If you received a Form 1099-INT for 1989-1990, be sure to include this item from the brokerage firm listed on the Form 1099-INT on the page and enter the total interest shown on that Form.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR line 17b

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

- 5 | Last name of giver ▶

Ordinary Dividends

(See instructions for forms 1040 and 1040-E, line 3b.)

Note: If you received a Form 1099-DIV or Substancer statement from a brokerage firm, list one item at a time as the buyer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Note: If line 6 is over \$1, you must complete part (a).
You must complete this part if you (a) had over \$1,000 of taxable interest or ordinary dividends, (b) had a taxable dividend, or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

- 7a** At any time during 2019, did you have a financial interest in, or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.

If Yes, are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.

- b** If you are required to file FinCEN Form #14, enter the name of the foreign country where the financial account is located ▶

- 8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Caution: If you do not follow the instructions to file Form 1041 from 1-1, you may result in substantial penalties. See instructions.

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

Schedule B (Form 1040 or 1040-SR) 2019

EXHIBIT 11

Form 1040 03

SCHEDULE 1
(Form 1040)

(Rev. January 2018)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0047

18

Attachment
Sequence No. **01**

Name shown on Form 1040:

Your social security number

**Additional
Income**

- 1-9b** Reserved
- 10** Taxable refunds, credits, or offsets of state and local income taxes
- 11** Alimony received
- 12** Business income or (loss). Attach Schedule C or C-EZ
- 13** Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐
- 14** Other gains or (losses). Attach Form 4797
- 15a** Reserved
- 16a** Reserved
- 17** Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18** Farm income or (loss). Attach Schedule F
- 19** Unemployment compensation
- 20a** Reserved
- 21** Other income. List type and amount ▶
- 22** Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23

1-9b	
10	
11	
12	
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	

**Adjustments
to Income**

- 23** Educator expenses
- 24** Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106
- 25** Health savings account deduction. Attach Form 8889
- 26** Moving expenses for members of the Armed Forces. Attach Form 3903
- 27** Deductible part of self-employment tax. Attach Schedule SE
- 28** Self-employed SEP, SIMPLE, and qualified plans
- 29** Self-employed health insurance deduction
- 30** Penalty on early withdrawal of savings
- 31a** Alimony paid **b** Recipient's SSN ▶
- 32** IRA deduction
- 33** Student loan interest deduction
- 34** Tuition and fees. Attach Form 8917
- 35** Reserved
- 36** Add lines 23 through 35

23	
24	
25	
26	
27	
28	
29	
30	
31a	
32	
33	
34	
35	

36

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

SCHEDULE EIC
(Form 1040)

Earned Income Credit
Qualifying Child Information

OMB No. 1545-0047

18

Attachment
Sequence No. **43**

Your social security number

Department of the Treasury,
Internal Revenue Service (IRS)

Notice: See instructions.

Download Form 1040-EIC (2018) PDF

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**
- ▶ Go to www.irs.gov/ScheduleEIC for the latest information.

Before you begin:

- See the instructions for Form 1040-EIC for more information about how you can have the EIC, and **do** you have a qualifying child.
- Be sure the child is **qualifying** (see instructions for lines 1-3) and the child is **eligible** (see instructions for lines 4-6). If the child is the taxpayer's dependent, the child must be a U.S. citizen, U.S. resident, or U.S. national. If the child is a U.S. citizen, U.S. resident, or U.S. national, the child must be under age 18 at the end of 2018.



- You cannot claim the EIC for a child who is **ineligible** (see instructions for lines 1-3).
- If you claim the EIC, you must file a tax return for 2018, even if you are not required to file a return. See the instructions for details.
- If you claim the EIC, you must file a tax return for 2018, even if you are not required to file a return. See the instructions for details.

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040-EIC. If the child was born and died in 2018, if your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	[REDACTED]		
3 Child's year of birth	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 a Was the child under age 24 at the end of 2018 (a student and younger than you or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
b Was the child permanently and totally disabled during any part of 2018?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)			
6 Number of months child lived with you in the United States during 2018 • If the child lived with you for more than half of 2018 but less than 7 months, enter "9." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<input type="text"/> months The parent must live in the home.	<input type="text"/> months The parent must live in the home.	<input type="text"/> months The parent must live in the home.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

1040-EIC (2018)

Schedule EIC (Form 1040) 2018

Tax History Report

• Keep for your records

2018

Name(s) Shown on Return

Page 1 of 1

	Five Year Tax History				
	2014	2015	2016	2017	2018
Filing status					
Total income					
Adjustments to income					
Adjusted gross income					
Tax expense					
Interest expense					
Contributions					
Misc. deductions					
Other itemized deductions					
Total itemized/ standard deduction					
Exemption amount					
QBI deduction					
Taxable income					
Tax					
Alternative min tax					
Total credits					
Other taxes					
Payments					
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					
Effective tax rate %					
**Tax bracket %					

**Tax bracket % is based on Taxable income

EXHIBIT 12

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

2017, ending

20

See separate instructions

Your first name and initial

ROBERT A.

Last name

HADDEN

If a joint return, spouse's first name and initial

CAROL L.

Last name

HADDEN

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

City, town or village, state and ZIP code. If you have a foreign address, also complete spaces below.

ENGLEWOOD, NJ 07631

Foreign country name

Foreign province/state/country

Foreign postal code

Make sure the SSNs above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.☐ You ☐ Spouse

Filing Status

1

☐ Single

2

☒ Married filing jointly (even if only one had income)

3

☐ Married filing separately. Enter spouse's SSN above and full name here.

4

☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.

5

☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a

☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b

☒ Spouse

c Dependents:

1

First name Last name
ALEXANDER HADDEN

(2) Dependent's social security number

(3) Dependent's relationship to you
SON

(4) Total number of children under age 17 qualifying for child tax credit

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

If more than four dependents, see instructions and check here.

d

Total number of exemptions claimed

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2

STMT 2

7

33,515.

8a

Taxable interest. Attach Schedule B if required

8a

53.

b

Tax-exempt interest. Do not include on line 8a

8b

9a

Ordinary dividends. Attach Schedule D if required

9a

b

Qualified dividends

9b

10

Taxable refunds, credits, or offsets of state and local income taxes

10

0.

11

Alimony received

11

12

Business income or (loss). Attach Schedule C or C-EZ

12

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here.

☐

13

-3,000.

14

Other gains or (losses). Attach Form 4797

14

15a

IRA distributions

15a

b Taxable amount

15b

15a

Pensions and annuities

15a

b Taxable amount

15b

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

10,000.

18

Farm income or (loss). Attach Schedule F

18

19

Unemployment compensation

19

20a

Social security benefits

20a

b Taxable amount

20b

21

Other income. List type and amount SEE STATEMENT 1

21

8,169.

22

Combine the amounts in the far right column for lines 7 through 21. This is your total income.

22

48,737.

Adjusted Gross Income

23

Educator expenses

23

24

Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ

24

25

Health savings account deduction. Attach Form 8889

25

26

Moving expenses. Attach Form 3903

26

27

Deductible part of self-employment tax. Attach Schedule SE

27

28

Self-employed SEP, SIMPLE, and qualified plans

28

29

Self-employed health insurance deduction

29

30

Penalty on early withdrawal of savings

30

31a

Alimony paid b Recipient's SSN

31a

b Recipient's SSN

31b

32

IRA deduction

32

33

Student loan interest deduction

33

34

Tuition and fees. Attach Form 8917

34

35

Domestic production activities deduction. Attach Form 8903

35

36

Add lines 23 through 35

36

37

Subtract line 36 from line 22. This is your adjusted gross income

37

48,737.

Tax and Credits

Standard Deduction for:
 • People who check any box on line 39a or 39b. If you can be claimed as a dependent, see instructions.

• All filers: Single or Married filing separately, \$6,350
 Married filing jointly or Qualifying widow(er), \$12,700
 Head of household, \$9,350

38 Amount from line 37 (adjusted gross income)

38 48,737.

39a Check ☐ You were born before January 2, 1953, ☐ Blind, ☐ Total boxes checked ☐ 39a ☐
 or ☐ Spouse was born before January 2, 1953, ☐ Blind, ☐ ☐ 39b ☐

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b ☐

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

40 40,153.

41 Subtract line 40 from line 38

41 8,584.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 5d. Otherwise, see inst.

42 12,150.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

43 0.

44 Tax. Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐

44 0.

45 Alternative minimum tax. Attach Form 6751

45

46 Excess advance premium tax credit repayment. Attach Form 8962

46

47 Add lines 44, 45, and 46

47 0.

48 Foreign tax credit. Attach Form 1116 if required

48

49 Credit for child and dependent care expenses. Attach Form 2441

49

50 Education credits from Form 8863, line 19

50

51 Retirement savings contributions credit. Attach Form 8880

51

52 Child tax credit. Attach Schedule 8812, if required

52

53 Residential energy credits. Attach Form 5695

53

54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐

54

55 Add lines 48 through 54. These are your total credits

55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

56 0.

Other Taxes

57 Self-employment tax. Attach Schedule SE

57

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8910

58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

59

60a Household employment taxes from Schedule H

60a

b First-time homebuyer credit repayment. Attach Form 5405 if required

60b

61 Health care: individual responsibility (see instructions) Full-year coverage ☒

61

62 Taxes from: a ☐ Form 9959 b ☐ Form 9960 c ☐ (inst., enter code(s))

62

63 Add lines 56 through 62. This is your total tax

63 0.

Payments

64 Federal income tax withheld from Forms W-2 and 1099

64 359.

65 2017 estimated tax payments and amount applied from 2016 return

65

66a Earned income credit (EIC)

66a

b Nontaxable combat pay election ☐ 66b ☐

66b

67 Additional child tax credit. Attach Schedule 8812

67

68 American opportunity credit from Form 8862, line 8

68

69 Net premium tax credit. Attach Form 8962

69

70 Amount paid with request for extension to file

70

71 Excess social security and tier 1 RRTA tax withheld

71

72 Credit for federal tax on fuels. Attach Form 4136

72

73 Credits from Form: a ☐ 2439 b ☐ 8885 c ☐ 8885 d ☐

73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

74 359.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid

75 359.

76a Amount of line 75 you want refunded to you, if Form 8878 is attached, or

76a 359.

b ☐ 021200339 ☒ c ☐ X ☐ d ☐

76b

77 Amount of line 75 you want applied to your 2018 estimated tax

77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions

78

79 Estimated tax penalty (see instructions)

79

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's name **KEVIN J. COLLINS, CPA/PFS, M** Phone **(201) 487-7744** Personal identification number (PIN) **45810****Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurate for all amounts and sources of income received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's signature

Date

Your occupation

Daytime phone number

Joint return?

Spouse's signature (if a joint return, both must sign)

Date

Spouse's occupation

If the IRS sent you an identity protection PIN, enter it here

Preparer's signature

Date

Preparer's occupation

If the IRS sent you an identity protection PIN, enter it here

Paid Preparer Use OnlyPrint/preparer's name **KEVIN J. COLLINS,**Preparer's signature **KEVIN J. COLLINS,**Date **04/16/18**Check ☐ if self-employedPTIN **P01257500**Firm's name **TOBIN & COLLINS, CPA, PA**Firm's EIN **22 2315422**Firm's address **75 ESSEX STREET, SUITE 200**Phone no. **(201) 487-7744**Firm's address **HACKENSACK, NJ 07601**

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (39)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017
Attachment
Sequence No. 07

ROBERT A. & CAROL L. HADDEN

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 5	1	31,960.
	2	Enter amount from Form 1040, line 38	2	48,737.
	3	Multiply line 2 by 7.5% (0.075)	3	3,655.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	28,305.
Taxes You Paid	5 State and local (check only one box):		5	681.
	a <input type="checkbox"/> Income taxes, or			
	b <input checked="" type="checkbox"/> General sales taxes		6	10,836.
	6	Real estate taxes (see instructions)	7	
	7	Personal property taxes	8	
	8	Other taxes. List type and amount ►	9	11,517.
Interest You Paid	9 Add lines 5 through 8			
	10	Home mortgage interest and points reported to you on Form 1098	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
	12	Points not reported to you on Form 1098. See instructions for special rules	12	
	13	Mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. See instructions	14	
	15	Add lines 10 through 14	15	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	100.
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 SEE STATEMENT 4		17	231.
	18 Carryover from prior year		18	
	19 Add lines 16 through 18		19	331.
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions.		20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ►		21	
	22 Tax preparation fees		22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►		23	
	24 Add lines 21 through 23		24	
	25 Enter amount from Form 1040, line 38		25	
	26 Multiply line 25 by 2% (0.02)		26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
	28 Other - from list in instructions. List type and amount ►		28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$168,000?		29	40,153.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here				

LHA 719501 02-22-18

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **08**

ROBERT A. & CAROL L. HADDEN

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

LINCOLN NATL LIFE INS CO

Amount

53.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and U.S. savings bonds issued after 1989. Attach Form 8815.
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. ▶

53.

53.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

Ordinary Dividends

- 5 List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. ▶

6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.

X

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

- 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

X

727801 10-25-17

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2017

100

Name: ROBERT A. & CAROL L. HADDEN

FEIN/SSN

[illegible]

752191 04-01-17

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

ROBERT A. & CAROL L. HADDEN

Taxpayer's social security number

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 8252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2.				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I, long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
SEE STATEMENT 7				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 <3,631.>
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2.				15 <3,631.>

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2017

Part III Summary

16 Combine lines 7 and 15 and enter the result.	16	<3,631.>
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter 0 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.	19	
20 Are lines 16 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) <div style="text-align: right; margin-right: 50px;">} SEE STATEMENT 8</div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	3,000.
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2017

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ROBERT A. & CAROL L. HADDEN

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☐ No
- If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P, S, or both for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals				
b Totals				
30 Add columns (g) and (j) of line 29a			30	
31 Add columns (f), (h), and (i) of line 29b			31	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	MARGARET M. BULTMAN ESTATE	81-6790717
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			10,000.
B			
34a Totals			10,000.
b Totals			
35 Add columns (d) and (f) of line 34a			35 10,000.
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37 10,000.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	10,000.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions) enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Schedule E (Form 1040) 2017

SCHEDULE E

Name CAROL L. HADDEN

Passthrough MARGARET M. BULTMAN ESTATE - LINDA L. BULTMAN, EXECUTOR ID [REDACTED]

SSN/EIN [REDACTED]

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing etc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

Schedule E											2017			
ROBERT A. & CAROL L. RADDEN														
Schedule K-1 Line Reference: (1065/11205/1041)														
Entity No.	Act. No.	Name	1/1/16	2/2/17	3/3/18	Passive Activity Loss C/O	AMT Passive Activity Loss C/O	Interest	US Treasury Bond Interest	Dividends	Royalties	Short-Term Capital Gain (Loss)	Net Long-Term Capital Gain (Loss)	Guaranteed Payments to Partner
1	1	MARGARET M. RULTMAN ESTATE												
Totals														
Component of:														
			Schedule E Page 2 Various	Schedule E Page 2 Various	Schedule E Page 2 Various	Form 8582 Line 3c	Form 8582 Line 3c	Schedule B, Line 1	Schedule B, Line 5	Schedule E, Line 4	Schedule D, Line 12	Schedule E, Page 2 Various		

Schedule K-1 Line Reference: (1065/11205/1041)											2017			
ROBERT A. & CAROL L. RADDEN														
Schedule K-1 Line Reference: (1065/11205/1041)														
Entity No.	Act. No.	Ordinary Gain (Loss) Form 4797, Line 10	Section 1231 Gain (Loss) Form 4797, Line 10	Charitable Contributions 50%	12/1/17	12/1/17	Investment Int. Expense (Schedule A) (Schedule E)	Investment Int. Expense (Schedule A) (Schedule E)	SE Health Insurance Premium	Wages > More Than 2% Shareholders	Net SE Earnings	AMT Depr Adj on Prod. Ab Property	Minimum Tax Adjustment	Exclusion Items
Totals														
Component of:														
			Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10	Schedule E, Line 10

Direct Deposit/Debit Report

Name: **ROBERT A. & CAROL L. HADDEN**

ID Number: [REDACTED]

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
PED 1040		BANK OF AMERICA	CHECKING	[REDACTED]	[REDACTED]	DEPOSIT	359.
NJ 1040		BANK OF AMERICA	CHECKING	[REDACTED]	[REDACTED]	DEPOSIT	147.

Two-Year Comparison Worksheet

2017

Name(s) as shown on return

ROBERT A. & CAROL L. HADDEN

2016 Filing Status MARRIED FILING JOINT

2017 Filing Status MARRIED FILING JOINT

2016 Tax Bracket 0.0%

2017 Tax Bracket 0.0%

Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
WAGES, SALARIES, AND TIPS	50,025.	33,515.	-16,510.
SCHEDULE B - TAXABLE INTEREST	0.	53.	53.
SCHEDULE D (CAPITAL GAIN/LOSS)	0.	-3,000.	-3,000.
SCHEDULE E (RENTAL AND PASSTHROUGH)	0.	10,000.	10,000.
OTHER INCOME	0.	8,169.	8,169.
TOTAL INCOME	50,025.	48,737.	-1,288.
ADJUSTED GROSS INCOME	50,025.	48,737.	1,288.
MEDICAL AND DENTAL EXPENSES	27,709.	28,305.	596.
TAXES	11,254.	11,517.	263.
CONTRIBUTIONS	4,475.	331.	-4,144.
TOTAL ITEMIZED DEDUCTIONS	43,438.	40,153.	-3,285.
INCOME BEFORE EXEMPTIONS	6,587.	8,584.	1,997.
PERSONAL EXEMPTIONS	12,150.	12,150.	
TAXABLE INCOME	0.	0.	
FEDERAL INCOME TAX WITHHELD	1,195.	359.	-836.
TOTAL PAYMENTS	1,195.	359.	-836.
TAX OVERPAID	1,195.	359.	-836.
AMOUNT REFUNDED	1,195.	359.	-836.
NEW JERSEY STATE RETURN			
PAYMENTS	323.	97.	-226.
REFUNDABLE CREDITS	50.	50.	
AMOUNT REFUNDED	373.	147.	-226.

Form

8879Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- Return completed Form 8879 to your ERO. (Do not send to IRS.)
► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2017

Submission Identification Number (SID) ►

Taxpayer's name

ROBERT A. HADDEN

Spouse's name

CAROL L. HADDEN**Part I Tax Return Information - Tax Year Ending December 31, 2017** (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 3; Form 1040NR, line 37)	1	48,737.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 82a)	3	359.
4	Refund (Form 1040, line 76a; Form 1040A, line 46a; Form 1040EZ, line 13a; Form 1040-SR, Part I, line 13a; Form 1040NR, line 73a)	4	359.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize TOBIN & COLLINS, CPA, PA to enter or generate my PIN 51047
ERO firm name
as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

☒ I authorize TOBIN & COLLINS, CPA, PA to enter or generate my PIN 75762
ERO firm name
as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN

22733445810

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► KEVIN J. COLLINS, CPA/PFS, MSTDate ► 04/16/2018

719995 11-10-17

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2017)

Shared Responsibility Payment

721636 12-26-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

- Can someone claim you as a dependent?
☐ **Yes.** Stop. You don't owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box on line 6.
☒ **No.** Continue to line 2.
- Did you, and everyone else in your tax household (see Tax household under Definitions earlier), have qualifying health coverage for every month of 2017?
☒ **Yes.** Stop. You don't owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 5; Form 1040A, line 3d; or Form 1040EZ, line 1.
☐ **No.** Continue to line 3.
*You can check the Full-year coverage box if you had or arranged a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage for every month he or she was a member of your tax household.
- Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2017?
☐ **Yes.** Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A.
☐ **No.** Continue to line 4.
- Did you, or anyone else in your tax household turn 18 during 2017?
☐ **Yes.** Go to Worksheet A.
☐ **No.** Go to Step 2.

Step 2 Flat Dollar Amount

- Multiply \$695 by the number of people in your tax household who were at least 18 years old*. 1 _____
*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.
- Multiply \$347.50 by the number of people in your tax household who were under age 18. 2 _____
- Add lines 1 and 2. 3 _____
- Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3. 4 _____

Step 3 Household Income

- Enter the amount from Form 1040, line 38, Form 1040A, line 21, or Form 1040EZ, line 4. 1 _____
- Did you receive any tax-exempt interest?
☐ **Yes.** Enter the amount from Form 1040, line 8b, Form 1040A, line 8b, or the amount entered in the space (2 line 1e) of Form 1040EZ, line 2.
☐ **No.** Continue to line 3. 2 _____
- Did you attach Form 2555 or Form 2555-EZ?
☐ **Yes.** Enter the amount from Form 2555, lines 46 and 50, or Form 2555-EZ, line 18. 3 _____
☐ **No.** Continue to line 4.
- Did you claim any dependents?
☐ **Yes.** Continue to line 5.
☐ **No.** Stop. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1.
- Were any of the dependents you claimed required to file a return?
☐ **Yes.** Complete questions 1 through 3 for each dependent with a filing requirement for whom you don't attach Form 991A. Enter the total here. 5 _____
☐ **No.** Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1.
- Did you attach Form 8814?
☐ **Yes.** Continue to line 7.
☐ **No.** Stop. Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1.
- Is Form 8814, line 4, more than \$1,050?
☐ **Yes.** Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5. 7 _____
☐ **No.** Enter -0-. Continue to line 8.
- Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1. 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. Were you or your spouse (if filing jointly) born before January 2, 1953?
☐ **Yes.** Skip question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4. 2 _____
☐ **No.** Go to question 3.
3. Enter the amount listed below for your filing status: 3 _____
 - Single - \$10,400
 - Head of household - \$13,400
 - Married filing jointly - \$20,800
 - Married filing separately - \$4,050
 - Qualifying widow(er) - \$16,750
4. Enter the amount from line 2 or 3. 4 _____
5. Subtract line 4 from line 1. 5 _____
6. Is the amount on line 5 zero or less?
☐ **Yes.** Stop. You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 1.
☐ **No.** Continue to line 7.
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount. 7 _____
8. Were you required to complete Worksheet A?
☐ **Yes.** Go to Worksheet B. Then continue to Step 5.
☐ **No.** Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
☐ **Yes.** Continue to line 2.
☐ **No.** Skip question 2. Go to question 3.
2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet. 2 _____
*\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.
3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
 - 1 person - \$3,264
 - 2 people - \$6,528
 - 3 people - \$9,792
 - 4 people - \$13,056
 - 5 or more people - \$16,320

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment.

Complete Step 1

1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) 1 _____

Complete Step 3

2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 2 _____
3. Enter the larger of line 1 or line 2. 3 _____

Complete Step 5

4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3) 4 _____
5. Enter the smaller of line 3 or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. 5 _____
This is your shared responsibility payment

721631 12-25-16

FORM 1040	MISCELLANEOUS INCOME	STATEMENT 1
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DESCRIPTION	AMOUNT
DEPARTMENT STORES NATIONAL BANK-COD	8,169.
TOTAL TO FORM 1040, LINE 21	8,169.

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT 2
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T METLIFE AGENT / COLUMBIA UNIVESITY	27,500.					
S PATRICIA BURKE MD	6,015.	359.	97.		373.	87.
TOTALS	33,515.	359.	97.		373.	87.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 3
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
BERGEM VOLUNTEER CENTER		100.	
SUBTOTALS		100.	
TOTAL TO SCHEDULE A, LINE 16			100.

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SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 4

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
GOODWILL		231.		
SUBTOTALS		231.		
TOTAL TO SCHEDULE A, LINE 17				231.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	25,464.
DOCTORS, DENTISTS, ETC.	2,571.
HOSPITALS	3,925.
TOTAL TO SCHEDULE A, LINE 1	31,960.

SCHEDULE A GENERAL SALES TAX DEDUCTION WORKSHEET STATEMENT 6

- 1 ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. 681.
NEW JERSEY
IF, FOR ALL OF 2017, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7.
OTHERWISE, GO TO LINE 2.
- 2 DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2017?
IF NO, ENTER 0 .
IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.
- 3 DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2017? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS.
IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7.
IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.
ENGLEWOOD
- 4 DID YOU ENTER -0- ON LINE 2 ABOVE?
IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6.
IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.
- 5 DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).
- 6 DID YOU ENTER -0- ON LINE 2 ABOVE?
IF NO, MULTIPLY LINE 2 BY LINE 3.
IF YES, MULTIPLY LINE 1 BY LINE 5. 0.
- 6A ADD LINE 1 AND LINE 6. 681.
- 6B PART-YEAR DAYS RATE. 1.000000
- 6C MULTIPLY LINE 6A BY LINE 6B. 681.
- 7 ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.
- 8 DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE. 681.

ROBERT A. & CAROL L. HADDEN

SCHEDULE D NET LONG TERM GAIN OR LOSS FROM STATEMENT 7
PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
MARGARET M. BULTMAN ESTATE	3,631.	
TOTAL TO SCHEDULE D, PART II, LINE 12	-3,631.	

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT	8
1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		8,584.	
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT		3,000.	
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		11,584.	
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.	
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT			
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15			
7. ADD LINES 4 AND 6			
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-			
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT		3,631.	
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7			
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	3,000.		
12. ADD LINES 10 AND 11		3,000.	
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		631.	